

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, JOHNSON CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TN 37601
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

K 029
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility failed ensure hazardous areas were provided with self-closing doors and were smoke tight.

The findings include:

1. Observation on March 17, 2014 between 10:40 a.m. and 1:10 p.m. revealed that the following doors to hazardous areas were not self-closing. These areas are over 50 square feet and are storing combustibles:
 - a. Dry storage room in the kitchen.
 - b. Station 2 West Hall housekeeping supply room.
 - c. Station 3 dining supply room.
 - d. Physical Therapy supply closet.
2. Observation on March 17, 2014 at 10:40 a.m. revealed that the kitchen boiler room 3 is not smoke tight around the head wall joint.

K 029

K 029

Self closures will be added to all four doors and kitchen boiler room will be caulked to ensure air tightness.

A sample of rooms over 50 sq. ft storing combustibles have been checked and all have self closures.

We will ensure that any new room used to store combustibles has a self closure and is airtight before using it as storage.

Maintenance will check semi annually to ensure that all current or new storage rooms have self closures and are airtight and report finding to QA.

4/25/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, JOHNSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029	Continued From page 1	K 029			
K 052 SS=D	<p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 17, 2014.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have the fire alarm strobe lights in synchronization.</p> <p>The findings include:</p> <p>Observation on March 17, 2014 at 1:45 p.m. revealed that during the fire alarm activation, the visual notification device (strobe lights) was not synchronized in the 400 unit.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 17, 2014.</p>	K 052	<p>K 052</p> <p>Sprinkler company will come and synchronize strobe lights.</p> <p>Maintenance will check rest of building's lights to ensure they are synchronized.</p> <p>Sprinkler company will check for synchronization when they come for inspections.</p> <p>Maintenance will report findings semi annually at QA meeting.</p>	4/25/2014	